

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-975)

SERIAL NO. 70628689 FILING DATE

APPLICANT(S)

CLAIMS					
	AS FILED		AFTER		AFTER
	IND.	DEP.	IND.	DEP.	AMENDMENT
1					
2					
3					
4					
5					
6					
7					
8					
9					
10		1			
11					
12					
13					
14					
15					
16					
17					
18					
19					
20			1		
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40				1	
41					
42					
43				1	
44					
45					
46					
47					
48					
49					
50					
TOTAL IND.			1		
TOTAL DEP.			28		
TOTAL CLAIMS			30		
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					